



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

Transfer Forms

Required Forms

1. [Form I-9](#)
 - Email supporting documents and page 1 of I-9 form to: MDHHS-HR-Orientation@Michigan.gov on or before your third day of employment
2. [Personal Information & Emergency Contact](#)
3. [Life Insurance and Accidental Death Beneficiary](#)
4. [Final Compensation Beneficiary Designation](#)
5. [Motor Vehicle Driver Agreement](#)
6. [City Tax Withholding](#) – *if applicable*
7. [Disclosure of Interest & Ethical Standards and Conduct](#)
8. [Oath of Office](#)
9. [Assistance Program](#)
10. [Supplemental Employment](#) – *if applicable*
11. [Military Credit](#)
12. Drug and Alcohol Testing Information
 - [Drug and Alcohol Testing Program Acknowledgement](#) - *Required for all employees*
 - [Acknowledgement of Required Training for Supervisors](#) – *Required for Supervisors only*
13. [Policy Awareness and Training Requirements](#)
14. [Office of Recipient Rights Acknowledgement](#) – *Center for Forensic Psychiatry only*